



## EBS reports

PEBA provides several reports in EBS. Below are details about the format, availability and information for reports. Screenshots of reports are only examples and may not reflect the report in its entirety.

### Accounting reports

- EBS User Recertification (EBS950)
- Supplemental Long Term Disability Roster (HAC436)
- Active Billing File (HAC450/460)
- Subscriber Premium Data (HAC470)
- Active Subscriber Roster (HAC500)
- Optional Life & Dependent Life-Spouse Age Group Changes (HAC502)
- SLTD Age Group Changes (HAC515)
- Optional & Dependent Life Roster (HAC516)
- Subscribers in SLTD Waiver Status (HAC555)
- Bills – Advanced Deposit (HAC576)
- Bills – Active Subscribers (HAC610)
- YTD Imputed Income (HAC996)
- OL Taxable/Non-taxable Change File (HAC998)
- OL Taxable/Non-taxable Premiums File (HAC999)
- Dependent Age 1+ with No SSN (HIS534)
- Subscriber/Dependent Roster (HIS539)
- Pending OE Transactions (HIS550)
- Dependent Turning 19/25 within 90 Days Letters (HIS600)
- Subscriber Coverage Changes (HIS615)
- MoneyPlus Enrollment Data (HIS761)
- MoneyPlus YTD Contribution (HIS763)
- MoneyPlus Pretax Feature (HIS912)
- Dependents Terminated from Dependent Life-Child (HIS991)
- 1095-C NMSN File (HT1095CN)
- 1095-C File (HTB1095C)
- Health Subscriber and/or Spouse's TEFRA/DEFRA Letter

### Enrollment reports

- MyBenefits new hires (HAC475)
- Weekly EBS Report of Member BINs (HIS17546)
- Dependent turning 19/25/26 within 90 days (HIS501)
- Temporary Coverage on Adoptions Ending within 90 Days (with letters) (HIS507)
- Terminated Subscriber Listing (HIS512)
- Subscribers with Incorrect Coverage Level (HIS518)

### Comptroller General (CG) agencies only

- Payroll Reconciliation: Employee (HAC402) & Employer (HAC403)
- Accumulator: Employee (HAC581) & Employer (HAC582)
- Subscriber Balance (HAC583)
- 1095 Cleanup for SCEIS

### Optional employers only

- Retiree, COBRA and Survivor Roster (HRA500)
- Bills – Retiree, COBRA and Survivor (HRA610)
- Active Rate with Load Factor (HTB527)
- Individual Rate with Load Factor (HTB528)

## Accounting reports

### EBS User Recertification (EBS950)

**Frequency:** Annual

**Format:** PDF

Authorizing agents must review and certify EBS users and users' access each year. This report lists users who have not been certified.

EMPLOYEES NEEDING EBS ACCESS RECERTIFICATION	
GROUP ID:	AUTHORIZING AGENT:
***** SUBSCRIBER ***** NAME	***** EBS ***** ACCESS

### Supplemental Long Term Disability Roster (HAC436)

**Frequency:** Annual

**Format:** PDF and .csv

Active subscriber roster for SLTD benefits. Roster indicates if an age group change is applicable.

ACTIVE SUBSCRIBER ROSTER FOR SUPPLEMENTAL LONG TERM DISABILITY AS OF							
GROUP ID:	'' indicates age group change.						
GROUP NAME:							
NAME	BIN	EFFECTIVE DATE	PLAN	AGE RANGE	RATE	PREMIUM	SEMI-MONTH PREMIUM

Last Name	First Name	MI	Bin	SSN	SLTD Eff Date	Plan	Age Range	SLTD Rate	Premium	Semi-Month Premium
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### Active Billing File (HAC450/460)

**Frequency:** Monthly

**Format:** .txt

Provided to assist employers with reconciling their employer and employee records on a monthly basis. Files include demographic and coverage information for subscribers, their dependents and beneficiaries.

The 460 version is four files, while the 450 version is two larger files that contains the same information but is formatted to use with CSI payroll software. HAC450 is available for all employers unless the HAC460 is requested. Contact your accounting representative if you wish to change to HAC460.

- Subscriber Data (HAC450/460).
- Dependent Data (HAC450/460).
- Beneficiary Data (HAC460).
- Other Insurance Data (HAC460).

### Subscriber Premium Data (HAC470)

**Frequency:** Daily

**Format:** .csv and .txt

A daily snapshot of all benefits and premiums for subscribers.

**CSV format**

- SSN, last name, first name, middle initial.

- For each benefit:
  - Active (A) or terminated (T) status.
  - Category or coverage level of enrollee only (1); enrollee/spouse (2); enrollee/children (3); or full family (4).
  - Monthly employee premium.
  - Effective date of coverage.
- Health plan:
  - Standard Plan (BB).
  - Savings Plan (BD).
  - TRICARE (TC).
- Basic Dental.
- Dental Plus.
- Dependent Life-Child.
- Basic Life (employer contribution).
- Basic LTD (employer contribution).
- Optional Life (coverage amount).
- Dependent Life-Spouse (coverage amount).
- Vision.
- Tobacco premium.
- SLTD (plan level).

				Hlth	Hlth	Hlth	Hlth	Dntl	Dntl	Dntl	Dntl	Dntp	Dntp	Dntp	Dntp	DL	DL	DL	DL	SL	SL	SL
SSN	Last Name	First Name	MI	Status	Plan/Cat	Premium	Eff Date	Status	Plan/Cat	Premium	Eff Date	Status	Plan/Cat	Premium	Eff Date	Status	Plan/Cat	Premium	Eff Date	Status	Plan/Cat	Eff Date
LTD	LTD	LTD	OL	OL	OL	OL	OLS	OLS	OLS	OLS	Visn	Visn	Visn	Visn	Tob	Tob	Tob	SLTD	SLTD	SLTD	SLTD	
Status	Plan/Cat	Eff Date	Status	Plan/Lvl	Premium	Eff Date	Status	Plan/Lvl	Premium	Eff Date	Status	Plan/Lvl	Premium	Eff Date	Status	Premium	Eff Date	Status	Plan/Lvl	Premium	Eff Date	

## Active Subscriber Roster (HAC500)

**Frequency: Monthly**

**Format: PDF and .csv**

Provides coverage information for each subscriber, as well as the monthly employer contribution and employee premium for insurance programs. Use this roster to update and/or verify records. Contact PEBA if there is a discrepancy.

### CSV format

- SSN, last name, first name, employee status.
- For each program:
  - Active (A) or terminated (T) status for each benefit.
  - Category or coverage level of enrollee only (1); enrollee/spouse (2); enrollee/children (3); or full family (4).
  - Monthly employer contribution and employee premium.
- Health plan:
  - Standard Plan (BB).
  - Savings Plan (BD).
  - TRICARE (TC).
- Basic Dental.
- Dental Plus.

- Vision.
- Tobacco-use premium.
- Basic Life (employer contribution).
- Basic LTD (employer contribution).
- Optional Life (age bracket and coverage amount).
- Dependent Life-Spouse (age bracket and coverage amount).
- Dependent Life-Child.
- SLTD (age group).

ssn	last_name	first_name	subscriber_indicator	health_status	health_plan	health_category	health_er_rate	health_ee_rate	dental_status	dental_category	dental_er_rate	dental_ee_rate
dental_plus_status	dental_plus_ee_rate	vision_status	vision_category	vision_ee_rate	tobacco_status	tobacco_ee_rate	bl_status	bl_er_rate	ltd_status	ltd_er_rate		
ol_status	ol_age_group	ol_coverage_level	ol_ee_rate	dls_status	dls_age_group	dls_coverage_level	dls_ee_rate	dlc_status	dlc_ee_rate	sltd_status	sltd_age_group	sltd_ee_rate

The PDF format lists the subscriber BIN, not the SSN, and is in alphabetical order by the subscriber's last name. It also does not include individual employee coverage for Basic Life and Basic Long Term Disability but totals the employer contribution on the final page.

ACTIVE SUBSCRIBER ROSTER FOR							
GROUP ID:		GROUP NAME:					
FULL TIME EMPLOYEES							
PROGRAM	PLAN/CAT	ER	EE	PROGRAM	PLAN/CAT	ER	EE

ACTIVE SUBSCRIBER ROSTER TOTALS FOR						
GROUP ID:		GROUP NAME:				
TOTAL FOR ALL EMPLOYEES						
INSURANCE PLAN	TOTAL SUBSCR	TOTAL ER PREMIUMS	TOTAL EE PREMIUMS	INSURANCE PLAN	TOTAL SUBSCR	TOTAL EE PREMIUMS

## Optional Life & Dependent Life-Spouse Age Group Changes (HAC502)

**Frequency: Annually**

**Format: PDF**

Provided prior to the new plan year. Lists subscribers who are enrolled in Optional Life and/or Dependent Life-Spouse and who will have a premium adjustment effective in the new plan year, beginning January 1, due to a change in age group.

Displays the date of birth, coverage amount and new premium amount, effective January 1. Subscribers are listed in alphabetical order by last name.

OPTIONAL LIFE/DEP LIFE SPOUSE AGE GROUP CHANGES									
***** EFFECTIVE *****									
DISCLAIMER: Effective January 1, 2018, premiums for Dependent Life Spouse Coverage are based on spouse's age. This report includes the spouses who will have a change in their age bracket.									
GROUP ID:									
BIN NUMBER	SUBSCRIBER NAME	DOB	-- OPTIONAL LIFE --			----- DEP LIFE SPOUSE -----			
			COV AMT	NEW PREM	NEW SEMI	SP DOB	COV AMT	NEW PREM	NEW SEMI

## SLTD Age Group Changes (HAC515)

**Frequency: Annually**

**Format: PDF**

Provided prior to the new plan year. Lists subscribers who are enrolled in SLTD and who will have a premium adjustment effective in the new plan year, beginning January 1, due to a change in age group.

Displays date of birth and SLTD benefit waiting period. Subscribers are listed in alphabetical order by last name. Employee premiums are not included.

SUPPLEMENTAL LONG TERM DISABILITY AGE GROUP CHANGES			
***** *** EFFECTIVE *****			
GROUP ID:			
--- SUPPLEMENTAL LTD --- BENEFIT WAITING PERIOD			
BIN NUMBER	SUBSCRIBER NAME	DATE OF BIRTH	
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## Optional and Dependent Life Roster (HAC516)

**Frequency: Annually**

**Format: PDF and.csv**

Provided prior to the new plan year. Includes Optional Life, Dependent Life-Spouse and/or Dependent Life-Child subscribers. Includes age bracket, coverage amount and premium for each program, effective in the new plan year, beginning January 1. An asterisk indicates if a change in age bracket is applicable for the new plan year.

						OL	OL	OL		DL/Spouse	DL/Spouse	DL/Spouse	DL/Child	DL/Child
Bin	SSN	Last Name	First Name	MI	Age Bracket	Coverage	Premium	Semi-Monthly	Dep Age	Coverage	Premium	Semi-Monthly	Coverage	Premium

OPTIONAL AND DEPENDENT LIFE ROSTER FOR BILLING													
GROUP ID:													
GROUP NAME:													
BIN NUMBER	NAME	AGE BRACKET	OPTIONAL LIFE COVERAGE PREMIUM SEMI-MTHLY			DEP AGE	DEPENDENT LIFE / SPOUSE COVERAGE PREM SEMI-MTHLY			DL/CHIL PREMIUM			
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## Subscribers in SLTD Waiver Status (HAC555)

**Frequency: Monthly, if applicable**

**Format: PDF**

Includes employees in a premium waiver status for SLTD. See Page xxx in the BA Manual.

SUBSCRIBERS IN WAIVER STATUS AS OF							
GROUP ID:		GROUP NAME:					
BIN	NAME	EFF DATE OF WAIVER	AGE	OPTIONAL LIFE COV	PREM	SUPPLEMENTAL LTD PLAN	PREM
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## Bills – Advanced Deposit (HAC576)

*Not applicable to Comptroller General (CG) agencies*

**Frequency: Annually**

**Format: PDF**


An advance deposit of at least one month's premium for employer contributions is due to PEBA each year. At the beginning of the fiscal year in July, PEBA bills employers for the advance deposit. Payment is due to PEBA by July 15. You can also view the advance deposit bill in EBS through Online Bill Pay.

The advance deposit bill lists insurance programs for which the employer contributes to the monthly premium (State Health Plan, Basic Dental, Basic Life, BLTD) and the subscriber count enrolled in each of these programs at the end of June. The subscriber count is multiplied by the current employer rate to calculate the deposit amount.

On the last page of the bill, fill in the amount for one-month deposit or more than one-month deposit in the appropriate space. Sign, date and include a telephone number in the space provided.

- A one-month deposit will be credited to the June billing statement, which may result in a balance due or overpayment.
- A more than one-month deposit is credited to your account immediately.

**EMPLOYER SHARE ADVANCE DEPOSIT BILLING STATEMENT**				
FISCAL YEAR				
GROUP ID :	GROUP NAME:			
FULL TIME				
BENEFIT	CATEGORY	SUBSCRIBER COUNT	EMPLOYER RATE	DEPOSIT AMOUNT

**EMPLOYER SHARE ADVANCE DEPOSIT BILLING STATEMENT**	
FISCAL YEAR	
GROUP NAME:	
GROUP ID :	
ACCT REP :	
TOTAL ONE-MONTH DEPOSIT	CHECK AMOUNT
MORE THAN ONE-MONTH DEPOSIT	
Payment is due by July 15th. Remittance is payable to PEBA INSURANCE FINANCE. Remittance Advice must be completed and submitted with payment. If payment is by IDT, return two copies of remittance advice. One-month deposit will be credited to the June Billing Statement. More than one-month deposit will be credited to your group account immediately.	
Signature: _____	
Date: _____	
Telephone#: _____	
	

## Bills – Active Subscribers (HAC610)

### Frequency: Monthly

### Format: PDF

On or before the first of each month, PEBA produces a billing statement for active subscribers. This PDF billing statement enables you to maintain the accounting records of each employee. If you verify the information on the billing statement and communicate with PEBA whenever there are questions about the information, the financial process for employees' benefits works smoothly.

The billing statement includes employer contributions and employee premiums due for all insurance programs.

### Group Address page

This page contains the group number, employer name and address, and the billing contact person PEBA will contact if there are any questions. The billing contact person should be the individual responsible for remitting payment for insurance premiums. If there is a change, your authorizing agent should update the primary Billing Contact in EBS under Contacts.

The middle of the page lists your account representative, phone number and PEBA Insurance Finance's return address.

At the bottom of the page, there is a key to assist with the Coverage Processing section of the billing statement.

PLAN	DESCRIPTION	CATEGORY
BB -	STANDARD	01 - SUBSCRIBER ONLY
BD -	SAVINGS	02 - SUBSCRIBER/SPOUSE
TC -	TRICARE	03 - SUBSCRIBER/CHILDREN
DD -	DENTAL	04 - FULL FAMILY
DP -	DENTAL PLUS	05 - CHILD ONLY
LTD -	LONG TERM DISABILITY	
BL -	BASIC LIFE	
OL -	OPTIONAL LIFE	
DLS -	DEPENDENT LIFE SPOUSE	
DLC -	DEPENDENT LIFE CHILD	
SLTD -	SUPPLEMENTAL LONG TERM DISABILITY	
VC -	VISION CARE	
TS -	TOBACCO SURCHARGE	

### Account Summary pages

These pages summarize the prior month's activity, ending with the net premium outstanding from the prior month and the billing for the current month, including any retroactivity.

The Employer Share for health, dental, Basic Life and BLTD is rolled into one total. Separate totals are provided for the Employee Share for health, Basic Dental, Dental Plus, Optional Life, Dependent Life-Spouse, Dependent Life-Child, SLTD, State Vision Plan, and the tobacco use premium. A grand total is provided (total employer plus employee shares).

GROUP BILLING STATEMENT					
GROUP NAME:		BILLING MONTH:			
GROUP ID :					
EMPLOYER SHARE		ACCOUNT SUMMARY			
		HEALTH	DENTAL	DENTAL PLUS	OPTIONAL LIFE
					DLS

GROUP BILLING STATEMENT					
GROUP NAME:		BILLING MONTH:			
GROUP ID :					
		ACCOUNT SUMMARY			
		EMPLOYEE SHARE			
		DLC	SLTD	VISION CARE	TOBACCO SURCHARGE
					TOTAL

Beginning Balance lists the Total Net Balance due from the prior month's billing statement.

Payment Transactions lists all payments received since the completion of the prior month's billing statement, including SCEIS payroll deductions (CG agencies only) and returned payments.

Accounting Transactions lists all refunds, canceled refunds and accounting adjustments processed since the prior month's billing statement. There are two types of accounting adjustments: subscriber and employer account.

- A subscriber adjustment is processed to correct the effective date of a coverage change. A group account adjustment is processed to correct a payment posted incorrectly.
- If an adjustment is processed for a subscriber, the BIN will be listed on the Account Summary page and an Adjustment form will be sent to the employer. This form will show the amount and explain why the subscriber's account was adjusted.

The Net Premium Outstanding is the total of the Beginning Balance less the Total Payments, plus or minus the Total Adjustments.

The Current Month Billing details are on the Billing Summary pages.

The Retro Summary details are on the Billing Summary and Coverage Processing pages.

The \$3/subscriber Administrative Fee is included for optional employers only.

Total Net Balance is the total of the Net Premium Outstanding, Current Month Billing and Retro Summary.

BEGINNING BALANCE			
PAYMENT TRANSACTIONS			
DATE	BIN	NAME	TYPE
			Payment
TOTAL PAYMENTS			
ACCOUNTING TRANSACTIONS			
DATE	BIN	NAME	TYPE
TOTAL ADJUSTMENTS			
NET PREMIUM OUTSTANDING			
CURRENT MONTH BILLING			
RETRO SUMMARY			
TOTAL NET BALANCE			

### Billing Summary pages

These pages show a breakdown of the current month's bill for each program by employee type (full-time; part-time; non-permanent full-time; variable hour).

The summary itemizes the current month premiums, retroactive premiums and total due, for the employer share and the employee share, of each program. The current month's total number of subscribers enrolled in each of the programs is also included.

INSURANCE PROGRAM	SUBSCRIBER COUNT	BILLING SUMMARY EMPLOYER SHARE			EMPLOYEE SHARE		
		CURRENT MONTH	RETRO	TOTAL	CURRENT MONTH	RETRO	TOTAL

### Coverage Processing pages

These pages provide a detailed list of enrollments, changes and terminations processed since the completion of the last month's bill. These changes are listed in alphabetical order by the subscriber's last name, with the information displayed only for the program(s) affected by the transaction. If no transactions are processed, this section of the billing statement is not included.

Review each subscriber listed against any transaction processed to confirm it was processed correctly. If there is a discrepancy, contact PEBA.

The first column lists the subscriber's name with the BIN and the date of birth displayed across the page on the same row.

The second column shows which program is affected by the coverage processing entry. View the key on the Group Address page for program help.

The third column lists which plan and coverage level the subscriber elected. The alpha and numeric characters for the various plans are in the key on the Group Address page.



The fourth column shows the effective date.

The next two columns display the employer and employee retroactive premiums and the current rate. The purpose of the current rate is to assist you in reconciling the bill.

The last column (Action) indicates the reason for the transaction.


The grand total for all retroactivity can be found after the last employee listed in the Coverage Processing pages. Retroactivity amounts are also listed on the Account Summary and Billing Summary pages.

COVERAGE PROCESSING						
PROGRAM	PLAN/CATEGORY	EFFECTIVE DATE	EMPLOYER RETRO CURR RATE		EMPLOYEE RETRO CURR RATE	
						ACTION

### Remittance Advice page

This final page of the billing statement includes the total amount due for the current month. This amount is also at the bottom of the Account Summary page.

If you pay via check, return the completed Remittance Advice page with payment to PEBA. See Submitting premium payments to PEBA for detailed instructions.

GROUP BILLING STATEMENT		
GROUP NAME:		
GROUP ID :		BILLING MONTH:
ACCT REP :		
	REMITTANCE ADVICE	CHECK AMOUNTS
Employer Share		_____
Health		_____
Dental		_____
Dental Plus		_____
	If you are submitting more than one check, please list each amount in the spaces provided. The total of the checks should equal to the Total Amount Due.	_____
Optional Life		_____
Dependant Life Spouse		_____
Dependant Life Child		_____
Supplemental Long Term Disability		_____
Vision Care		_____
Tobacco Surcharge		_____
Total Amount Due		_____
Payment is due by the 10th of the month. Remittance is payable to PEBA INSURANCE FINANCE. Remittance Advice must be completed and submitted with payment.		
Signature: _____		
Date: _____		
Telephone#: _____		
		

### YTD Imputed Income (HAC996)

**Frequency: Annually**

**Format: .csv**

Includes employees with Optional Life coverage in excess of \$50,000, which is considered imputed income and taxable by the IRS when the premium is paid through the MoneyPlus Pretax Group

Insurance Premium feature. Use this information to adjust employees' W-2 forms. See Imputed Income in the BA Manual.

SSN	Last Name	First Name	YTD Imputed Income
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## OL Taxable/Non-taxable Change File (HAC998)

**Frequency: Monthly**

**Format: .csv**

Includes new hires and changes to Optional Life coverage due to special eligibility events when Optional Life coverage is in excess of \$50,000. See Imputed Income in the BA Manual.

SSN	Last Name	DOB	OL Total Coverage	Coverage > 50K	Status	PEBA OL Monthly Premium	IRS Age Bracket	IRS Rate Factor	IRS Rate Calculated	Monthly Taxable Amount (Imputed Income)	Monthly Non-Taxable Amount	Pre-Tax Indicator
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## OL Taxable/Non-taxable Premiums File (HAC999)

**Frequency: Annually**

**Format: .csv**

Provided prior to the new plan year. Includes employees with Optional Life coverage in excess of \$50,000. See Imputed Income in the BA Manual.

SSN	Last Name	DOB	OL Total Coverage	Coverage > 50K	Status	PEBA OL Monthly Premium	IRS Age Bracket	IRS Rate Factor	IRS Rate Calculated	Monthly Taxable Amount (Imputed Income)	Monthly Non-Taxable Amount	Pre-Tax Indicator
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## Enrollment reports

View under Enroll. Reports in EBS.

## MyBenefits New Hires (HAC475)

**Frequency: Weekly**

**Format: .csv**

Summarizes MyBenefits enrollment new hire elections. The report includes an indicator if a new hire does not make his online elections within 31 days of hire, and thus defaults to no insurance coverage.

### CSV format

- SSN, BIN, last name, first name, middle initial.
- For each program:
  - Active (A) or refused (T4) status.
  - Category of enrollee only (1); enrollee/spouse (2); enrollee/children (3); or full family (4).
  - Effective date of coverage.
- Health plan:
  - Standard Plan (BB).
  - Savings Plan (BD).
  - TRICARE (TC).
- Basic Dental.
- Dental Plus.
- Dependent Life-Child.

- Basic Life.
- Basic LTD.
- Optional Life (coverage amount).
- Dependent Life-Spouse (coverage amount).
- Vision.
- Tobacco-use premium.
- SLTD (plan level).
- MSA (annual election amount).
- HSA (annual election amount).
- DCSA (annual election amount).
- Pay periods.
- Pretax premium feature (Y or N).
- MSA-Limited indicator (if Y, see MSA annual election amount).
- Default refusal indicator (Y, if defaulted to no election within 31 days of hire).
- Transaction Type (Enroll).
- Trans Created Method (NOELECT, if defaulted to no election within 31 days of hire).

					Hlth	Hlth	Hlth	Dntl	Dntl	Dntl	Dntp	Dntp	Dntp
SSN	BIN	Last Name	First Name	MI	Status	Plan/Cat	Eff Date	Status	Plan/Cat	Eff Date	Status	Plan/Cat	Eff Date

DL	DL	DL	SL	SL	LTD	LTD	OL	OL	OL	OLS	OLS	OLS
Status	Plan/Cat	Eff Date	Status	Eff Date	Status	Eff Date	Status	Plan/Lvl	Eff Date	Status	Plan/Lvl	Eff Date

Visn	Visn	Visn	Tob	Tob	SLTD	SLTD	SLTD	MSA	MSA	MSA	MSA
Status	Plan/Cat	Eff Date	Status	Eff Date	Status	Plan/Lvl	Eff Date	STATUS	Eff Date	End Date	AMT

HSA	HSA	HSA	HSA	DCA	DCA	DCA	DCA	Pay	Flex	FLEX	MSA	Default	Transaction	Trans Created
STATUS	Eff Date	End Date	AMT	STATUS	Eff Date	End Date	AMT	Period	IND	Eff Date	Limited	Refusal	Type	Method

## Weekly EBS Report of Member BINs (HIS17546)

**Frequency: Weekly**

**Format: .txt**

Includes employee name, SSN and BIN in alphabetical order by last name.

## Dependent Turning 19/25/26 Within 90 Days (HIS501)

**Frequency: Monthly, if applicable**

**Format: PDF**

PDF report and letter (HIS600) provides advance notice to an employee within 90 days of when a child turns age 19 or 25 (for Dependent Life-Child) and age 26 (for all other coverage).

Report includes subscriber name, dependent name and date of birth, dependent coverage and letter type. Report also indicates subscribers with coverage level changes due to dependent terminations.

- Provide the letter (HIS600) to the employee and necessary COBRA information.

If the child is incapacitated, the subscriber and dependent's physician must complete the Incapacitated Child Certification Form and forward to PEBA for review and a determination. See Page 114 of the BA Manual for more details.

See also Dependent Turning 19/25/26 Within 90 Days Letters (HIS600).

DEPENDENTS TURNING 19 WITHIN 90 DAYS (ON OR BEFORE )				LETTER TYPE			
SUBSCRIBER TYPE ACTIVE - REGULAR (AR)		GROUP ID:		'T19' - TURN 19 LTR 'O19' - OVER 19 LTR ' ' - LTR SENT			
***** BIN	S U B S C R I B E R N A M E	*****	D E P E N D E N T N A M E	*****	HLTH	DNTL	DL VC
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DEPENDENTS TURNING 25/26 WITHIN 90 DAYS (ON OR BEFORE )				LETTER TYPE			
SUBSCRIBER TYPE ACTIVE - REGULAR (AR)		GROUP ID:		'T25/T26' - TURN 25/26 LT ' ' - LTR SENT TERMINATED 'O25/O26' - OVER 25/26			
***** BIN	S U B S C R I B E R N A M E	*****	D E P E N D E N T N A M E	*****	HLTH	DNTL	DL VC
-----	-----	-----	-----	-----	-	-	-

SUBSCRIBERS WITH COVERAGE LEVEL CHANGES DUE TO DEPENDENT TERMINATIONS							
SUBSCRIBER TYPE ACTIVE - REGULAR (AR)		GROUP ID:					
***** BIN	L A S T N A M E	Old/New Hlth Rates EMPL EMPR	Old/New Dntl Rates EMPL EMPR	Old/New DL Rates EMPL	Old/New DP Rates EMPL	Old/New VC Rates EMPL	
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## Temporary Coverage on Adoptions Ending Within 90 Days (with letters) (HIS507)

**Frequency:** Monthly, if applicable

**Format:** PDF

PDF report and letter give advance notice to an employee who has added a child to his coverage and is waiting for completion of the one-year final adoption.

Also serves as notification to employers of employees who failed to furnish the needed final placement agreement at the end of the one-year temporary placement.

- Provide the letter to the employee and keep a copy for your files.
- Send an NOE for corrections if the child is no longer eligible. Attach a copy of the final adoption/placement agreement to the employee's letter and return them to PEBA for processing.

If the child is no longer eligible, provide a copy of the denial for placement letter from the agency and the NOE to delete the child. Notify payroll of any necessary adjustments.

## Terminated Subscriber Listing (HIS512)

**Frequency:** Monthly, if applicable

**Format:** PDF

PDF report lists subscribers who are terminated from the current month's billing. Includes terminated coverage(s) and effective date(s).

- Make sure the proper notification is sent to each listed employee.

- If the termination is in error, submit a corrected Active NOE or a letter to PEBA immediately to reinstate the employee's benefits or to correct an incorrectly keyed late entrant date.
- Refer to the key (reminder) at the bottom of the report for proper notification.

**** TERMINATED SUBSCRIBER LISTING ****													
REPORT MONTH:													
SUBSCRIBER TYPE: ACTIVE - REGULAR (AR)													
EMPLOYER GROUP:													
SOCIAL SECURITY		COVERAGE										EFF DATE	COVERAGE
NUMBER	EMPLOYEE NAME	H	D	DP	DL	DLS	SL	LTD	LTC	STLD			OL
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## Subscribers with Incorrect Coverage Level (HIS518)

**Frequency: Monthly, if applicable**

**Format: PDF**

Letters to subscribers who according to PEBA records are enrolled in an incorrect coverage level.

Dear Subscriber:

According to our records, you have this level of coverage, but no eligible dependents:

PLAN	COVERAGE LEVEL	EFFECTIVE DATE
Dependent Life/Child(ren)	Child(ren) only	

Since there are no eligible dependents, you may be paying higher premiums for a level of coverage that you do not need. To reduce your level of coverage, you must complete a Notice of Election form, removing all ineligible dependents from your coverage, within 31 days of the date of their ineligibility.

For additional information and assistance, please contact your benefits office or call us at 803-734-0678 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

## Dependent Age 1 and Older with No SSN (HIS534)

**Frequency: Monthly, if applicable**

**Format: PDF**

PDF report of subscribers with eligible spouses or children on file without Social Security numbers.

Report includes subscriber name, dependent name, relationship type, date of birth and age. The spouse or child will be listed on this report each month until an SSN is provided.

REPORT OF DEPENDENTS AGE 6 MONTHS OR MORE WITH NO SSN						
EMPLOYER GROUP ID:						
----- SUBSCRIBER -----	DEPENDENT			-----	REL	DOB
TYPE SSN NAME	NAME				ELIG	YRS/MON

## Subscriber/Dependent Roster (HIS539)

**Frequency: Monthly**

**Format: PDF and.csv**

Provides coverage information for each subscriber and any dependents.

### CSV format

- Last name, first name, middle initial, last four of SSN, BIN.
- For each program:
  - Category of enrollee only (1); enrollee/spouse (2); enrollee/children (3); or full family (4).
- Health plan:
  - Standard Plan(STD).
  - Savings Plan (SAV).
- Basic Dental.
- Dental Plus.
- Vision.
- Dependent Life-Child.
- Optional Life (coverage amount).
- Dependent Life-Spouse (coverage amount).
- SLTD (waiting period).
- Tobacco-use premium.
- Dependent information, coverage, date of birth, relationship to subscriber (For up to 15 dependents).

Subscriber					HLth	Dntl	Dntp	Visn					Tobc
Last Name	First Name	MI	SSN	Bin	Plan/Cat	Cat	Cat	Cat	DL/CH	OL	DL/SP	SLTD	User

Dependent 1				Hlth	Dntl	Dntp	Visn					
Last Name	First Name	MI	SSN	Plan/Cat	Cat	Cat	Cat	DL/CH	OL	DL/SP	Dep 1 DOB	Dependent 1 Relation

Dependent information repeated up to 15 dependents on this report.

The final page of the PDF report includes total number of subscribers and dependents for each program.

GROUP: *** ACTIVE SUBSCRIBER LISTING ***													
NAME	SSN	HLTH	DNTL	DNTP	VISN	DL/CH	OL	DL/SP	SLTD	TOBC	DEP	DOB	DEPENDENT RELATION
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

SUBSCRIBER LISTING TOTALS		
INSURANCE PLAN	TOTAL SUBSCRIBERS	TOTAL DEPENDENTS
-----	-----	-----
HEALTH STANDARD PLAN		
HEALTH SAVINGS PLAN		
BLUECHOICE		
CIGNA		
STATE DENTAL PLAN		
DENTAL PLUS		
DEPENDENT LIFE		
OPTIONAL LIFE		
OPTIONAL LIFE SPOUSE		
VISION		
SUPPLEMENTAL LONG TERM DISABILITY		
TOBACCO USER		

## Dependent Turning 19/25/26 Within 90 Days Letters (HIS600)

**Frequency: Monthly, if applicable**

**Format: PDF**

Letters to accompany dependent turning 19/25/26 within 90 days (HIS501).

According to our records, this dependent is turning 19 and is enrolled in Dependent Life-Child coverage. Eligibility for Dependent Life-Child insurance ends at age 19 unless the child is certified as a full-time student or an incapacitated child. Dependent children with proof of full-time student status may be covered until age 25.

If your child is not a full-time student or incapacitated child, please notify your benefits administrator to remove the dependent from Dependent Life coverage, and your payroll deductions will be adjusted, as needed.

If you do nothing, your dependent will remain on coverage until age 25. MetLife will require eligibility documentation before any claims will be paid. This includes documentation certifying the child was a full-time student enrolled in high school, trade, vocational or technical school, or college or university (not correspondence courses).

If your child is incapable of self-sustaining employment because of mental illness, intellectual disability or physical disability, and is principally dependent (more than 50 percent) on you for support and maintenance, you must submit an Incapacitated Child Certification Form within 31 days of your child's 19th birthday. If your dependent is approved for coverage as an incapacitated child, your dependent's eligibility will continue.

Remember, MetLife will require eligibility documentation before any claims will be paid.

If you have any questions, please call us at 803-737-6800 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

According to our records, the dependent listed below will turn age 25 within the next 90 days:

Eligibility for Dependent Life-Child insurance as a full-time student ends at age 25, unless your dependent is approved by PEBA Insurance Benefits to continue coverage as an incapacitated child. Therefore, your dependent will be dropped from your Dependent Life Child coverage on the first of the month after your dependent turns 25. If this dependent is incapacitated, contact us immediately at 803-737-6800 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

If you have any questions, please call us.

According to our records, this child will turn age 26 within the next 90 days and no longer be eligible for coverage.

Your child will be dropped from your coverage on the first of the month after he turns 26. Accordingly claims incurred by your child after that will not be paid.

As required, eligibility ends at age 26 unless your child is approved by PEBA Insurance Benefits to continue coverage as an incapacitated child. If your child is incapable of self-sustaining employment because of mental illness, intellectual disability or physical disability, and is principally dependent (more than 50 percent) on you for support and maintenance, you must submit an Incapacitated Child Certification Form within 31 days of your child's 26th birthday. This form is available on the PEBA Insurance Benefits website, [www.peba.sc.gov](http://www.peba.sc.gov).

If your child is not approved for coverage past age 26, coverage may be continued under COBRA for a maximum of 36 months, if we receive a completed COBRA Notice of Election (NOE) form within 60 days of the loss of coverage and premium payment within 45 days of receipt of the NOE. Please be sure to provide information about your child in the Enrollee Info section of the COBRA NOE. Your child's COBRA coverage will not be effective until the first premium is paid. Please contact your benefits office to make any changes as a result of this child's removal from your coverage and for additional information on COBRA coverage for your dependent.

If you have any questions, please contact your benefits administrator or call PEBA at 803-737-6800 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

## Automated Subscriber Coverage Changes Report (HIS615), MoneyPlus Enrollment Data (HIS761)

**Frequency: Monthly**

**Format: .csv**

Employees' annual MoneyPlus elections for MSAs, DCSAs and HSAs. Employees who are enrolled in multiple MoneyPlus accounts will appear multiple times.

Ssn	Bin	First Name	Last Name	Addr1	Addr2	City	St	Zip Code	Group Id	Money Plus Coverage	Annual Amt	Pay Period	Pretax
-----	-----	------------	-----------	-------	-------	------	----	----------	----------	---------------------	------------	------------	--------

## MoneyPlus YTD Contribution Report (HIS763)

**Frequency: Weekly**

**Format: PDF**

PDF report of year-to-date contributions for MSA and DCSA accounts as reported by ASIFlex. Includes previous employer group number, if applicable, for a subscriber transferring between employers.

ASI YTD CONTRIBUTIONS FOR MSA/DCA						
GROUP ID: _____						
BIN	SUBSCRIBER NAME	MSA ANN AMOUNT	MSA YTD CONTRIB	DCA ANN AMOUNT	DCA YTD CONTRIB	PREVIOUS GROUP ID
-----	-----	-----	-----	-----	-----	-----

## MoneyPlus Pretax Feature (HIS912)

**Frequency:** Weekly

**Format:** PDF and .csv

Active subscribers with Pretax indicator of Y or N.

Last Name	First Name	MI	Bin	SSN	PreTax
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GROUP ID:	MONEY PLUS PRETAX FEATURE AS OF			
GROUP NAME:				
NAME	BIN	SSN	PRETAX	

## Dependents Terminated from Dependent Life-Child (HIS991)

**Frequency:** Monthly, if applicable

**Format:** PDF

This report shows dependents who have terminated from Dependent Life-Child coverage.

## 1095-C NMSN File (HT1095CN)

**Frequency:** Annually, if applicable

**Format:** .txt

This report is for groups that have employees for whom they received a National Medical Support Notice. Employers should not list the child's Social Security number on the Form 1095-C that they issue.

## 1095-B File (HTB1095B)

**Frequency:** Annually

**Format:** .txt

View the [ACA reporting requirements FAQs](#) for more information.

An employer subject only to Code Section 6055 will report the necessary information for an employee on Form 1095-B. In Part IV of the 1095-B, non-ALEs must report about their employees (and their dependents) who are covered by the Plan for the purposes of satisfying their reporting obligations under Code Section 6055. To facilitate the employer's reporting requirement, PEBA provides this report in late-December, refreshing each Friday prior to the deadline for mailing the forms, which contains this information. View the [file layout](#) for more information.

## 1095-C File (HTB1095C)

**Frequency:** Annually

**Format:** .txt

View the [ACA reporting requirements FAQs](#) for more information.

An employer subject to Code Section 6055 and Code Section 6056 will report the necessary information for an employee on Form 1095-C. In Part III of the 1095-C, ALEs must report about their employees and their dependents who are covered by the Plan for the purposes of satisfying their reporting obligations under Code Section 6055. To facilitate the employer's reporting requirement, PEBA provides this report



in late-December, refreshing each Friday prior to the deadline for mailing the forms, which contains this information. View the [file layout](#) for more information.

## Health Subscriber and/or Spouse's TEFRA/DEFRA Letter

*Tax Equity and Fiscal Responsibility Act/Deficit Reduction Act*

### Frequency: Monthly, if applicable

PEBA mails this letter to employees and spouses 90 days prior to their 65th birthday. The letter details their insurance options once they become eligible for Medicare at age 65.

Letters are mailed the first of each month to the subscriber and/or his spouse. Retain a copy for your files.

## Comptroller General (CG) agencies only

### Payroll Reconciliation Report

#### Frequency: Monthly

#### Format: PDF (Accounting Reports)

PEBA sends an enrollment file to SCEIS daily. SCEIS uses the information on the file (benefit, effective date, type of entry, coverage level and premium) to determine the premiums to be deducted on the next payroll. The reconciliation reports are a comparison of the enrollment files at PEBA and the SCEIS payroll deductions.

PEBA provides a monthly reconciliation (Employee-HAC402; Employer-HAC403) of monthly premiums to all CG agencies. The reconciliation for the previous month is forwarded to the agency with the current month's billing statement.

The employee reconciliation report (HAC402) lists the subscriber(s) who is being billed a different amount than the deducted premium, in the following page order.

- State Health Plan and the TRICARE Supplement Plan;
- Basic Dental;
- Dental Plus;
- Optional Life;
- Dependent Life-Child;
- Dependent Life-Spouse;
- SLTD;
- State Vision Plan; and
- Tobacco-use premium.

EMPLOYEE RECONCILIATION INSURANCE MASTER VS SCEIS PAYROLL DEDUCTIONS FOR:						
GROUP ID/NAME: TYPE OF INSURANCE:						
BIN	INSURANCE MASTER NAME	PREMIUM	BIN	SCEIS DEDUCTION NAME	PREMIUM	DIFFERENCE
SUMMARY						
INSURANCE MASTER TOTALS PREMIUM AMOUNT		SCEIS MASTERS TOTALS AMOUNT DEDUCTED			DIFFERENCE TOTALS AMOUNT	

The Employer Reconciliation Report (HAC403) lists the subscriber(s) for which the employer is billed a different amount than the SCEIS employer contribution, in the following page order.

- State Health Plan and the TRICARE Supplement Plan (\$ per coverage level);
- Basic Dental;
- Basic LTD; and
- Basic Life.

EMPLOYER RECONCILIATION INSURANCE MASTER VS SCEIS PAYROLL DEDUCTIONS FOR: .....						
GROUP ID/NAME: TYPE OF INSURANCE:						
BIN	INSURANCE MASTER NAME	PREMIUM	BIN	SCEIS DEDUCTION NAME	PREMIUM	DIFFERENCE
<b>SUMMARY</b>						
INSURANCE MASTER TOTALS PREMIUM AMOUNT		SCEIS MASTERS TOTALS AMOUNT DEDUCTED		DIFFERENCE TOTALS AMOUNT		

Insurance Master is the premium amount per PEBA's enrollment records. SCEIS Deduction is the premium amount that is payroll deducted. The final column is the difference between the two amounts. A summary for each program is included.

Research each difference and take proper action to correct any problem(s).

## Accumulator Reports

**Frequency: Monthly**

**Format: PDF (Accounting Reports; six months of historical reports available)**

### Employee (HAC581)

This report identifies the payroll or enrollment discrepancies that need to be resolved before the next billing statement. Balance, retro billed, reconciliation amount, checks remitted, refunds/canceled refunds, canceled warrants, emergency payroll, adjustments, returned checks and employee balance summarized, as well as individual subscriber amounts for each program are included on the report in the following order:

- State Health Plan and the TRICARE Supplement Plan;
- Basic Dental;
- Dental Plus;
- State Vision Plan;
- Optional Life;
- Dependent Life-Spouse;
- Dependent Life-Child;
- SLTD; and
- Tobacco-use premiums.

Benefit: Group:		Employee Accumulator For: June			
Subscriber	Beginning Balance from March	April	May	June	
Balance Forward					
Retro Billed					
Reconciliation Amount					
Checks Remitted					
Refunds / Cancelled Refunds					
Cancelled Warrants					
Emergency Payroll					
Adjustments					
Returned Checks					
<b>Employee Balance</b>					

Subscriber	Beginning Balance from March	April	May	June
Balance				

The report is created using the monthly amount billed and payroll deducted; refunds and billing adjustments processed; and personal checks remitted during the month. If the amount billed is the same as the amount payroll deducted, the subscriber will not appear on this report. A minus sign by the amount indicates a credit.

The top section of the report is a calculation using the total amount of premiums billed, payroll deductions, refunds, personal checks and billing adjustments to determine the employee balance. The net of the amounts shown for each subscriber equals to the employee balance. The employee balance also matches the Net Premium Outstanding amount on the Account Summary pages of the billing statement.

The subscriber column lists the employee's benefits identification number (BIN) and name. The report is in alphabetical order based on the last name.

The amounts shown in the column for the most current month need your attention. A zero balance in the current month column means the discrepancy was resolved and no action is necessary. Zero balances will remain on the report through the end of the fiscal year and deleted once a new year begins. The report displays four consecutive months to help identify in which month the discrepancy occurred. Amounts that are not resolved carry forward to the next month. If the amount carried forward remains the same, it was one-time error. If the amount changes each month, the error is continuing and should take priority to resolve.

You may need to refer to the reconciliation report, billing statement, the balance screen and subscriber inquiry in EBS and the NOE in your research.

There are some situations in which the discrepancy cannot be avoided due the timing of the when the enrollment is processed and the SCEIS payroll schedule. For example, if a March 1 termination is

processed on February 25, SCEIS cannot stop the deduction for the March 1 payroll, which results in a refund due.

In reviewing the report, you may see that balances appear in one month but do not carry forward to the next month. These are examples of a timing issue and the balances were resolved by a refund, payroll deduction or enrollment transaction. A balance that appears one month and the same balance carries forward is an example of a one-time error. To resolve the discrepancy, determine if there was an enrollment processed (i.e., termination, new hire or coverage change). If the coverage is not correct in EBS, contact PEBA. If the enrollment is correct, review the payroll deductions to determine if the appropriate premiums were collected. If deductions are not correct, open a SCEIS ticket. SCEIS should automatically refund overpayments or collect amounts owed; however, that does not always occur. Therefore, employers should review this report monthly.

It's important to note that after February 1 of each year, SCEIS will no longer collect or refund for enrollment transactions with an effective date in the previous year. The refund request for premiums deducted in the previous year should be submitted to PEBA and balances should be paid by collecting and remitting a personal check from the subscriber to PEBA.

#### **Employer (HAC582)**

This report identifies the payroll or enrollment discrepancies for the employer premiums for health, dental, life insurance and long term disability insurance. The discrepancies on the employer accumulator will automatically be resolved in May of each year when the net amount of the employer under or over payments will be billed or refunded to the group. If there is a balance due, an IDT will be billed in SCEIS. If the group is due a refund, the group will enter an IDT document in SCEIS for PEBA to process.

Balance, retro billed, reconciliation amount, checks remitted, Refunds/canceled refunds, canceled warrants, emergency payroll, adjustments, returned checks and employee balance summarized, as well as individual subscriber amounts for each program are included on the report in the following order:

- State Health Plan;
- Basic Dental;
- Basic LTD; and
- Basic Life.

Benefit: Group:		Employer Accumulator For: June			
Subscriber	Beginning Balance from March	April	May	June	
Balance Forward					
Retro Billed					
Reconciliation Amount					
Checks Remitted					
Refunds / Cancelled Refunds					
Cancelled Warrants					
Emergency Payroll					
Adjustments					
Returned Checks					
<b>Employer Balance</b>					

Subscriber	Beginning Balance from March	April	May	June
Employer - BALANCE				
Balance				

### Subscriber Balance Report (HAC583)

**Frequency: Monthly**

**Format: Excel (Accounting Reports; six months of historical reports available)**

This report shows the balances (under or over payments) that is also listed on the Accumulator Report, but in a different format. This report displays the subscriber's name and the employee balance for each benefit, as well as the employer balance for health, dental, life insurance and long term disability insurance.

BIN	Name	Health	Dental	Dental+	Vision	OL	DLS	DLC	SLTD	TS	ER Health	ER Dental	ER LTD	ER BL	Total
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### 1095 Clean up for SCEIS (HIS17981)

**Frequency: Annually**

**Format: PDF (Enrollment Report)**

To comply with Affordable Care Act (ACA) requirements, the S.C. Comptroller General's Office and SCEIS provided information that was included on your employees' 2019 Form 1095-C to the Internal Revenue Service (IRS). The IRS notified SCEIS that some of the information did not match their files. To determine a match, the IRS looks only at the first four letters of the last name and the SSN.

This report contains the mismatched information, if applicable, and includes the employee's information first, then the individual whose information did not match the IRS' files. Verify the information with your employee and use the guide below to make corrections. If the employee no longer works for you, use the information you have on file to verify the report.

Mismatched information	What to do
Correct dependent's name, SSN or DOB	Correct on report
Correct employee's SSN	Correct on report
Correct employee's name – misspelled	Correct on report
Correct employee's name – different name	Submit an NOE to PEBA and correct on report

1095 CLEAN UP FOR SCEIS									
EMP SSN	EMP NAME	EMP STAT	SSN	TYPE	LAST NAME	FIRST NAME	DOB	VERIFIED	
Return to Public Employee Benefit Authority, Attn: Denise Hunter, 202 Arbor Lake Drive, Columbia, SC 29223 or EMAIL: dhunter@peba.sc.gov									

## Optional employers only

### Retiree, COBRA and Survivor Roster (HRA500)

#### Frequency: Monthly

#### Format: PDF and .csv (Accounting Report)

Provides coverage information for each retiree, COBRA and survivor subscriber and the monthly employee premium for the following PEBA insurance programs:

- State Health Plan;
- Basic Dental;
- Dental Plus;
- Vision; and
- Tobacco-use premium.

Subscriber type on the CSV format is identified as:

C18	18 month COBRA	RR	Retiree - Regular	SRR	Survivor
C29	29 month COBRA	R05	Retiree - 5/10 year		
C36	36 month COBRA	R25	Retiree - 25 year		

ssn	last_name	first_name	subscriber_type	health_status	health_plan	health_category	rate_scheme	health_er_rate	health_ee_rate	
dental_status	dental_category	dental_er_rate	dental_ee_rate	dental_plus_status	dental_plus_ee_rate	vision_status	vision_category	vision_ee_rate	tobacco_status	tobacco_ee_rate

The PDF format is divided into sections based on subscriber type (18-month COBRA, 29-month COBRA, 36-month COBRA, Retiree-Regular, Retiree-25 Year, Survivor, etc.). In each of the sections, names are printed in alphabetical order by last name, first name and middle initial, with the BIN listed in the next column. This roster will not include the Social Security number.

## Bills – Retiree, COBRA and Survivor (HRA610)

**Frequency: Monthly**

**Format: PDF (Accounting Report)**

The optional employer continues to serve as the benefits administrator for these subscribers; therefore, you will receive the monthly Retiree, COBRA and Survivor bill in addition to the Active Subscribers bill (HAC610).

The PDF billing statement is the same as that for active subscribers. Note that some programs are not listed, because they are not available to these subscribers. The \$3 administrative fee for each retiree, survivor and COBRA participant per month is included on the Account Summary pages.

Collect the premiums for covered retirees, COBRA and survivor subscribers and deposit their checks into your account. Their checks should be made payable to the employer, not PEBA. Do not submit personal checks to PEBA.

A single check should be remitted from the employer for the total amount due shown on the Remittance Advice page of the individual and active group bills.

C18	18 month COBRA	RR	Retiree - Regular	SRR	Survivor
C29	29 month COBRA	R05	Retiree - 5/10 year		
C36	36 month COBRA	R25	Retiree - 25 year		

## Active Rate with Load Factor (HTB527)

**Frequency: Annually**

**Format: PDF**

Provides monthly health employer contributions and employee premiums per plan (Standard Plan and Savings Plan) and coverage level, including the load factor. View more information about load factors in the [Optional Employer Handbook](#).

INSURANCE RATES FOR:							
SUBSCRIBER TYPE: HEALTH PLAN:				RATE SCHEME:			
EFF DATE LOAD FACTOR		CURRENT		PREVIOUS1		PREVIOUS2	
CATEGORY		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
SUBSCRIBER							
SUBS/SPOUSE							
SUBS/CHILD							
FAMILY							

## Individual Rate with Load Factor (HTB528)

**Frequency: Annually**

**Format: PDF**

Provides monthly health employer contributions and employee premiums per subscriber type and coverage level (detailed below), including the load factor. View more information about load factors in the [Optional Employer Handbook](#).

*Note: This report references the Standard Plan for Medicare-eligible members, not the Carve-out Plan.*

INSURANCE RATES FOR:							
SUBSCRIBER TYPE: HEALTH PLAN:				RATE SCHEME:			
EFF DATE LOAD FACTOR		CURRENT		PREVIOUS1		PREVIOUS2	
CATEGORY		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
SUBSCRIBER							
SUBS/SPOUSE							
SUBS/CHILD							
FAMILY							

### Subscriber type: 18-month COBRA

- Standard, Medicare Supp, Savings

### Subscriber type: 29-month COBRA

- Standard, Medicare Supp, Savings

### Subscriber type: 36-month COBRA

- Standard, Medicare Supp, Savings

### Subscriber type: Retiree 15/25

- Subscriber and Spouse have Medicare
  - Standard, Medicare Supp
- Subscriber and Spouse not eligible for Medicare
  - Standard, Savings, TRICARE
- Subscriber has Medicare; Spouse not eligible for Medicare
  - Standard, Medicare Supp
- Subscriber not eligible for Medicare; Spouse has Medicare
  - Standard, Medicare Supp, Savings
- Child(ren) only eligible for Medicare
  - Standard, Medicare Supp, Savings

### Subscriber type: Retiree – Buy-in/5-10 year/25 year

- Subscriber and Spouse have Medicare
  - Standard, Medicare Supp
- Subscriber and Spouse not eligible for Medicare



- Standard, Savings, TRICARE
- Subscriber has Medicare; Spouse not eligible for Medicare
  - Standard, Medicare Supp
- Subscriber not eligible for Medicare; Spouse has Medicare
  - Standard, Medicare Supp, Savings
- Child(ren) only eligible for Medicare
  - Standard, Medicare Supp, Savings

**Subscriber type: Retiree – regular**

- Subscriber and Spouse have Medicare
  - Standard, Medicare Supp
- Subscriber and Spouse not eligible for Medicare
  - Standard, Savings, TRICARE
- Subscriber has Medicare; Spouse not eligible for Medicare
  - Standard, Medicare Supp
- Subscriber not eligible for Medicare; Spouse has Medicare
  - Standard, Medicare Supp, Savings
- Child(ren) only eligible for Medicare
  - Standard, Medicare Supp, Savings

**Subscriber type: Survivor – partially funded**

- Spouse and child(ren) have Medicare
  - Standard, Medicare Supp
- Spouse and child(ren) not eligible for Medicare
  - Standard, Savings, TRICARE
- Spouse has Medicare; child(ren) not eligible for Medicare
  - Standard, Medicare Supp, Savings
- Spouse not eligible for Medicare; child(ren) has Medicare
  - Standard, Medicare Supp, Savings

**Subscriber type: Survivor – funded**

- Spouse and child(ren) have Medicare
  - Standard, Medicare Supp
- Spouse and child(ren) not eligible for Medicare
  - Standard, Savings, TRICARE
- Spouse has Medicare; child(ren) not eligible for Medicare
  - Standard, Medicare Supp, Savings
- Spouse not eligible for Medicare; child(ren) has Medicare
  - Standard, Medicare Supp, Savings

**Subscriber type: Survivor – regular**

- Spouse and child(ren) have Medicare
  - Standard, Medicare Supp
- Spouse and child(ren) not eligible for Medicare
  - Standard, Savings, TRICARE
- Spouse has Medicare; child(ren) not eligible for Medicare

- Standard, Medicare Supp, Savings
- Spouse not eligible for Medicare; child(ren) has Medicare
  - Standard, Medicare Supp, Savings

**Subscriber type: Survivor – regular**

- Medicare